

GORDON CONWELL

THEOLOGICAL SEMINARY

130 Essex St., South Hamilton, MA 01982
Phone: (978) 646-4132 U.S. Country Code 01
email: berickson@gordonconwell.edu

Affidavit of Support: Parent, Family, or Private Sponsor

Please answer the following questions:

Name of the Student You Are Supporting _____
Family Name (Surname) First Name (Given) Middle Name

Supporter Information _____
Name _____
House/Building Number and Street City State or Province Postal Code
Phone Number Email Address

What is your relationship to this student? _____

What is your reason for supporting this student?

Have you submitted all required financial documents proving your ability to support this student? Yes No

Have you indicated the student's name on all financial documents? Yes No

Please attach any statements or further information describing conditions of/criteria for this support (Optional).

Please complete the required information below:

I, _____, will provide **financial support** for this applicant's educational and living expenses during his/her studie.
Your Name
at Gordon-Conwell Theological Seminary. As verification that funding is available, I have included my bank statement(s).

Amount per year: \$ _____; **OR** Amount per month \$ _____

Is this support renewable each year? Yes No

Please sign and date below:

I certify my support of the above mentioned individual during his/her study at Gordon-Conwell Theological Seminary. This funding is available in the terms stated above.

Signature _____ Date _____

Complete and mail to: Cohort-Based Education, Gordon-Conwell Theological Seminary, 130
Essex Street, South Hamilton, MA 01982
OR complete, scan, and email to: berickson@gordonconwell.edu